ANNUAL LICENSE VISIT CHECKLIST CHILD CARE CENTERS AND INFANT CENTERS

Review facility file prior to annual license visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

| LICENSE ANNIVERSARY DATE | ON FILE | DATE REQUESTED | DATE RECEIVED |
|--|---------|-------------------|------------------|
| Application Information (LIC 215) | | | |
| Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements) | | | |
| Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500) | | | |
| Administrative Organization (LIC 309)* | | | |
| Estimated Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404) | | | |
| Articles of Incorporation, Constitution and Bylaws (if applicable) | | | |
| Partnership Agreement (if applicable) | | | |
| Designation of Administrative Responsibility (LIC 308)* | | | |
| Personnel Report (LIC 500) Updated* | | | |
| Facility Floor/Plot Plan (LIC 999) | | | |
| Verification of Qualifications of Facility Director | | | |
| Emergency Disaster Plan (LIC 610) | | | |
| Disaster and Fire Drills (every 6 months) | | | |
| Plan of Operation | | | |
| Admissions Policies and Procedures/Fee Schedule | | | |
| Health Screening Report - Facility Personnel (LIC 503) | | | |
| Daily Activity Schedule | | | |
| Fire Clearance (consistent with terms and limitations of license) | | | |
| Bacteriological Analysis of Private Water Supply (if applicable) | | | |
| License Fee Received | | | |
| NOTES AND COMMENTS | · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |